Canadian Centre
For Foreign Policy
Development

Centre canadien
pour le développement
de la politique étrangère

125 promenade Sussex Drive, Ottawa, Ontario K1A 0G2
Telephone/Téléphone : **613 944 8278** Fax/Télécopieur : **613 944 0687**
www.cfp-pec.gc.ca

101-00620/

PUBLIC HEALTH PERSPECTIVE ON FIREARMS AND SMALL ARMS

Québec City
7 February, 1998

REPORT / RAPPORT
WORKSHOP / ATELIER DE TRAVAIL

International workshop organized by :
Atelier de travail international organisé par :

Le Centre collaborateur OMS du Québec pour la promotion de la sécurité et la prévention des traumatismes - « point focal » armes à feu / The Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention - « Focal Point » on Firearms .

The World Health Organisation / L'Organisation mondiale de la Santé

with the support of the / avec le soutien du :

Canadian Centre for Foreign Policy Development at the Department of Foreign Affairs Canada / Centre canadien pour le développement de la politique étrangère au Ministère des Affaires étrangères du Canada

and / et

Le Ministère de la Santé et des Services sociaux du Québec

FIREARMS & SMALL ARMS : finding the common ground

/

ARMES À FEU et ARMES LÉGÈRES : trouver un terrain commun

Château Frontenac, Québec
(Salle Bellevue Hall)
Saturday February 7, 1998 /
SAMEDI 7 FÉVRIER 1998

FIREARMS & SMALL ARMS
finding the common ground

Goals of the workshop

This workshop was hosted by the *Centre collaborateur OMS du Québec pour la promotion de la sécurité et la prévention des traumatismes - « point focal » armes à feu /* The Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention - « Focal Point » on Firearms .- in Canada, and the World Health Organisation (WHO), in Geneva.

It was held at the request and on behalf of the Canadian Centre for Foreign Policy Development at the Department of Foreign Affairs of Canada in Ottawa, for which we appreciate the support.

As this workshop benefited of the presence of experts from several countries attending the seminar on « Safety and Safety Promotion », we also appreciate the contribution of the *Direction de la Santé publique et le Service de Coopération Internationale du « Ministère de la Santé et des Services sociaux du Québec »*.

The purpose was to consult with a range of health experts on the Public Health aspects of Firearms and Small Arms in the context of foreign policy development.

The goal of this workshop is to discuss ideas and options on firearms & small arms issues for foreign policy thinking, development and formulation, in a Public Health perspective. The Public Health aspects and perspectives for the development of WHO's and Canadian Foreign Policy will be considered bearing in mind that the ultimate goal is to prevent - or at least control - firearms injury and death around the world.

More precisely the objectives were to :

1. Develop a perspective for « Firearms & Small Arms » as a Public Health problem ;

2. Define a comprehensive approach to the assessment and promotion of firearms & small arms injury and death prevention;

Identify roles for health care professionals in prevention of firearms and small arms injury and death.

Define key policy issues and identify options for Canada and the World Health Organisation(WHO).

* Dr. Antoine Chapdelaine, WHO Expert and Focal Point on Firearms, Québec:

The purpose of the workshop is to :

provide advice to the Canadian government regarding its policy options for dealing with international small arms and firearms control.

2) provide advice to the World Health Organization (WHO) regarding firearms and small arms in the context of an international strategy to prevent injury and promote safety

Background

Following its success with land mines, the Canadian government has announced its intention to play a leading role in efforts to control small arms. However, it has also recognised that while the model for international action developed in the "Ottawa Process" may be instructive, small arms are not land mines and the context is more complex.

The issue of international small arms or firearms control may be approached from three different perspectives - peace-building, crime prevention and public health. The purpose of the workshop was to explore in more detail the public health perspective and its links to peace-building and crime prevention.

* Dr. Claude Romer, Chief, Injury Prevention and Safety Promotion Program, WHO, Geneva:

The World Health Organisation has passed a resolution identifying the prevention of violence as a public health problem and priority (Resolution WHA49.25) and has developed an integrated plan of action for violence prevention. The WHO played an important role in the land mines issue. Over the last few years, injuries caused by firearms and small arms have become increasingly important from a public health perspective.

As was evident in dealing with land mines, Non-governmental organisations (NGOs) play an important role and there must be collaboration between member States, intergovernmental organisations and other sectors of civil society to achieve change. With regard to surveillance, there is also a need to set methodological standards for comparisons on an international scale. The role of WHO could be to ensure adequate data collection, analysis and dissemination.

* Wendy Cukier, President, Coalition for Gun Control (NGO) and Professor, Ryerson Polytechnic University, Toronto:

International perspectives on firearms and small arms regulation are important from the perspective of national self interest as well as international peace-building.

When Canada began to re examine its domestic firearms control, examples from other countries were important in developing policy. But limited information was available beyond the American experience. Compared only to the United States, Canada's firearms regulation regime seemed very strict. It was only when comparisons from other countries - notably Great Britain, Europe and Australia were examined that it became clear that significant improvements were both needed and feasible. The need for information sharing on an international basis has been demonstrated in many jurisdictions, particularly in light of the efforts of the arms industry and its allies to promote firearms. In addition, national self interest encourages concerns about the international movement of firearms and small arms because even when a country implements strict domestic regulations, small arms and firearms may flow from less regulated areas, including post-conflict zones.

Firearms and small arms are significant for international commitments to building peace and civil society,

for preventing death and injury and for promoting human rights. Currently, efforts are fragmented and there is need for a framework to ensure co-ordinated and effective policy making.

Presentation of the participants, their title, role and interests (see list attached).

Background Presentations:

(9h30) Dr. Antoine Chapdelaine : " Public Health and Firearm Injury Prevention ", history and perspectives.

Historically, Public Health experts in Canada began addressing firearm-related deaths and injuries following a tragic national event in 1989 at Montréal's École Polytechnique, an event which brought to light the weaknesses of Canadian laws.

Attention focused on the "causes" of gun related violence is a relatively new phenomenon. It was only in 1983 that the US Centers for Disease Control (CDC) declared firearm-related violence a public health hazard, to be studied with the same kinds of epidemiological tools applied to suspected toxins, bacteria, viruses or tobacco. The CDC funded a series of studies exploring the relationship between gun ownership, homicide rates, suicides and "accidental" deaths with firearms. Extensive research has established a correlation between access to guns and risk of death and injury . The mere presence of a firearm in a home increases the risk of suicide (4.8 times), of homicide (2.7 times) and of "accident", over a home where there are no guns. These and other studies make the link between access to firearms and increased rates of violent deaths. Such epidemiological knowledge is now the basis for the public health approach to prevent firearm related injury and death. As a well established Public Health strategy, prevention is best accomplished by first identifying, then breaking the causal chain of a disease or injury at its weakest link. The key elements in such a strategy for firearms is to control manufacturing and importation, acquisition and transfer, possession and finally, use.

There are also a number of international initiatives currently underway which we must consider. These include:
- OAS Convention
- UN Commission on Crime Prevention and Criminal Justice
- UN Small Arms Panel
- UN Register of Conventional Arms

The overarching goal of public health is always to prevent death and injury, notwithstanding the medical or legal circumstances of the occurrences or the means used. The question we must address is: what role should public health play?

(9h45) Wendy Cukier : " International Firearms and Small arms control." Finding the common ground "

There were three critical perspectives identified for small arms control internationally as well as for gun control domestically: peace building, crime prevention, public health.

The public health perspective is critical in linking the other two. It has as its overriding objective, the prevention of firearm injury and death regardless of the context. It views firearms/.small arms as instruments causing bodily harm. From a public health perspective, the mere presence of a firearm increases the risk of the occurrence of an incident and also the lethality of the outcome.

Viewed from this perspective, we recognise that the problems vary with the context if we consider, for example, deaths and injuries among particular target populations (children/youth, women, men, all) and the context (conflict, homicide, suicide, unintentional injury, other crime) in some contexts, such as in South African, crime and conflict are inseparable - in some contexts, for example in Canada, the main problem with firearms is suicide (largely among youth) and - there is also a gender dimension (while women are often the victims of guns, firearm owners are mostly men).

Information about the nature and extent of the problem in various regions is incomplete. We often do not know the context and the types of firearms or small arms used.

Whether the concern is peace-building or crime and injury prevention, some efforts are focused on controlling the supply of the instrument of death and injury - the firearm. In both contexts there are three principal sources of firearms:

- firearms which are acquired for legal purposes and misused (in suicide, in domestic violence, in human rights violations)
- firearms which are acquired for legal purposes and sold/stolen (children/youth and firearms crime and unintentional injuries, the "gray market)
- illegally manufactured or trafficked firearms (the "black" market)

Therefore, tracking and controls on the supply of firearms from manufacture to final use are critical.

There are striking links between the measures advocated in public health, crime prevention and peace building approaches. All include efforts to reduce demand (social/economic development). There is also a parallel in perspective (crime prevention vs. disarmament), similar methods (amnesties, buybacks) solutions, and recommendations (i.e. some weapons serve no legitimate purpose in civilian hands). From all perspectives, implementation is also much more difficult and requires sustainable resources.

Discussion:

Several themes emerged during the discussion and a wide range of initiatives and approaches were proposed. It is important to emphasise that while participants had different points of emphasis, there was broad consensus on the following suggestions.

Framing the problem:

We agreed that firearms and small arms are a public health issue and that the prevention of firearms death and injury is the unifying theme. A variety of perspectives on the issue were provided but it was agreed that despite different dimensions in different contexts, firearms/small arms death and injury are a serious health problem.

There was general agreement that a comprehensive approach to the problem was needed, ranging from interventions focused on the demand for firearms in the domestic and international context (socio economic development, values building), interventions which control access to firearms (licensing, storage, embargoes), interventions on the supply of firearms (standards, tracing, etc.), interventions to reduce supply (amnesties, buy-backs) and enforcement/treatment interventions.

Strategic Issues:

Any strategy must recognise that measures to reduce firearms death and injury will be confronted by significant economic and political interests.

The ability to act effectively will depend on the congruence of efforts to mobilise and efforts to collect and share information. We are on a steep learning curve and must work on both dimensions concurrently.

It was suggested that in the model of interventions, emphasis should be placed on interventions at the earliest possible point - the point of manufacture. When considering the public health perspective, interventions directed at the supply side of firearms-small arms, as there are marks in the life span of the gun (i.e. manufacture, sale, carrying, use) are critical, among other approaches. It was suggested that the earlier the intervention in the life cycle of the gun (i.e. at point of manufacture) the more

potentially effective the controls. There are various controls that can be introduced at the manufacturing phase (safety standards for guns and bullets, identification standards to support tracing, safety standards to reduce inappropriate use, prohibitions on certain weapons for certain purposes). It would also be possible to track the number of guns being made and to establish standards (i.e. types of guns allowed for manufacturing). In general, interventions on the supply of firearms are considered to be more easily effected than interventions on demand (e.g. education, counselling)

Information Collection and Dissemination:

The public health approach begins by defining the problem through data collection and surveillance, identifying causes and risk factors, developing and testing interventions through evaluative research, and implementing measures for preventative effectiveness.

There is a need for data regarding firearm deaths, injuries, circumstances, types of firearms involved, ownership (i.e. in some societies, as disparities increase, firearm ownership tends to increase among richer people) and that data must be made widely available.

In addition to data on ownership, there must be more injury surveillance and this information must also be made readily available to governments and NGOs.

Information is available at different levels. For example, in Uganda there is little information regarding firearm injuries - few showed up at local hospitals. It was only after studies were done at the community level that it was learned that an alarming proportion of fatalities were firearm related. In Turkey there is restricted access to many sources of information. In addition, many incidents are classified as 'accidental" and not investigated further. Multiple information sources are required to get a complete picture in many countries where "official sources" are limited or unreliable. The UN study revealed significant anomalies among various data sources. In Canada there are differences for example between the homicides with guns reported through the Uniform Crime Statistics and the Emergency codes collected for mortality and morbidity.

Information and a scientific base (i.e. surveillance) are essential for neutrality in the development and evaluation of solutions

Information about the sources of firearms and production levels is incomplete but necessary for tracking the problem

Coalition-building is also important for data collection (by providing "natural laboratories ") and obtaining funding. As evidenced by the results of the UN study, " official information " is not necessarily the only source of data.

Networking:

It was emphasised that to achieve change, we must build data and build coalitions (information and strategy are both critical)

It was made clear that public support and mobilisation are critical.

Grass-roots support and the mobilisation of NGOs is critical for any strategy.

Mobilization of victims is essential and strategies should involve survivors.

While many arguments are made regarding the economic value of the arms industries, strategies must also consider the economic costs of victimisation (e.g. Dr. Ted Miller assessed the economic costs of

gunshots in Canada and the United States. In Canada, when the economic cost of human life was included, the assessment was as high as $6 billion per year)

Public health professionals and other experts with shared objectives must also be mobilised

We must build on consensus that's already been built (i.e. on crime prevention) instead of acting in parallel with other movements.

Concern for children may be one of the key elements. Data collection and publicity, for instance on the issue of guns and children (children victims and children soldiers) might be effective methods.

Human Rights, Values and Education:

While addressing the supply side is important, we must also address the demand side by reducing the perception that firearms are solutions. Reference was made to the escalation of the domestic arms race in contexts where arming is equated with protection. Information regarding the risk associated with firearms in the home, for example, may help counter these arguments.

Reference was also made to trans cultural contamination from industrialised to non-industrialised nations - through marketing and media violence - and fuelling the demand for firearms. Strategies to prevent firearms death and injuries must address ways to counter this.

There is also a need to grapple with conceptions of freedom and human rights: the right to arms versus the fundamental human right to safety or freedom from fear.

There is also a gender dimension to the culture of violence and guns which cannot be ignored.

We must take human rights, nationality and sub nationality issues into account (i.e. while there are both legal and illegal guns in India, a large number of people are killed in the process of maintaining "law and order". This is similar to the situation in many other countries like Israel and the United Kingdom (Northern Ireland) At the same time, while India supports arms trade, all OECD countries and Russia have a greater roles in this, which is why government to government transfers are not being included in the conventions. This is in spite of the fact that most guns in Asia and Africa arrived there originally through government to government transfers of arms and not illegal trade- these are some of the reasons why the crime perspective is not always useful)

The health perspective may provide a way of avoiding being immobilised by politics because it focuses on preventing death and injury regardless of the specific context.

In addition, there are proposals which attempt to address the question of human rights by promoting embargoes on firearm sales to countries and groups with gross violations of human rights. There was, however, scepticism about the effectiveness of these measures.

Trade Issues:

Firearms/small arms are also a trade issue which poses some challenges for control - strong lobbies promote demand.

As with other foreign policy issues, small arms and firearms must confront the trade vs. human rights debate. In addition, there are questions about the relationship between domestic interests and international interests as well as complexities surrounding civilian versus military firearms ownership.

Follow-Up Action:

1. The OAS initiatives and UN resolutions have implications for both injury prevention/crime prevention and

peace-building by focusing on regulating the supply of firearms. We must ensure support of OAS (CICAD) initiatives on import / export and in-transit controls as well as the UN resolutions. The OAS convention is the first legally binding treaty of its kind (import-export, in-transit measures, transparency, information collection and exchange) which will have the effect of enhancing a high level of co-operation among member states of the OAS on guns. The agreement is based on the premise that countries must cooperate with each other to combat illicit trafficking, which requires that they take responsibility for what they export - it not only affects them domestically but other countries as well. There is also a P8 consensus to develop another international instrument (may or may not be legally binding). While the UN study and resolution endorsed by 33 countries (on domestic violence, information links, safe storage, licensing amnesties, registering and tracking) is also a very important indicator of an emerging consensus internationally to deal with the firearms death and injury, It is, however, essential that follow-through on these initiatives be backed up with a commitment for funding. Governments will need to be pressured to ensure that there is action and not just words on paper.

2. Adequate support for implementation, including exchanges of technical assistance to ensure equivalent capacities, is essential. Otherwise, the conventions and resolutions are merely words on paper. Participants should ensure that their respective governments follow through on their commitments.

3. Define surveillance and information gathering requirements for WHO and others.

4. WHO will help sponsor a conference in Geneva on the public health perspective on Firearms and Small arms death and injury prevention. Appropriate and substantial NGO participation is critical for information, visibility and mobilization purposes and must be facilitated with funding. (Dr. Romer, Pr. Cukier and Dr. Chapdelaine to follow up.)

5. The proposed WWW site was discussed and a number of suggestions were made. While there were some concerns about the implications of using the Internet, it was generally agreed that the information was needed urgently not only to promote research but to assist in policy development and mobilisation. The WWW site will focus on providing readily available information on firearms death and injury, regulations and other approaches to prevention with links to other sources. The site should complement and link to existing resources not duplicate them. The importance of maintaining quality and a scientific orientation was stressed and suggestions were made for the contents and structure of the information. Although seed funding has been obtained, ongoing funding is needed to support not only development and maintenance but also for data collection in under served countries. Language is also an issue and additional resources may be needed for translation. Several volunteered to provide information and serve as reviewers.

Organising Committee of the Workshop :

Dr. Antoine Chapdelaine, M.D., M.P.H., F.R.C.P.(c)
WHO Expert and « Focal point » on Firearms
Québec WHO Collaborating Centre for Safety Promotion and Injury Prevention,
Équipe Sécurité dans les milieux de vie, Centre de santé publique de Québec, Québec

Pr. Wendy Cukier, M.A., M.B.A., LL.D. (*Hon*), Docteur d'Université (*Hon*)
Professor
Administration and Information management, Ryerson Polytechnic University, Toronto

Dr. Claude Romer, M.D., M.P.H., M.Sc.
Chief,
Injury Prevention and Safety Promotion Program, WHO, Geneva

Mr. Steve Lee,
National Director,
Canadian Centre for Foreign Policy Development at the Department of Foreign Affairs of Canada, Ottawa

For any information about this workshop, contact / Pour toute information concernant cet atelier de travail, contacter :

Dr. Antoine Chapdelaine
Centre collaborateur OMS du Québec pour la promotion de la sécurité et la prévention des traumatismes.
Centre de santé publique de Québec, Sécurité dans les milieux de vie
2400, d'Estimauville
Beauport (Québec) G1E 7G9
CANADA

E-mail : AChapdelaine @cspq.qc.ca Téléphone : (418) 666-7000 poste 406# or/ou 467#
Fax/Télécopieur : (418) 666-2776

Complete List of Participants:

Madame Jeannette Ackroyd
Affaires internationales sur les armes à feu
Centre canadien des armes à feu
Ministère de la Justice Canada
239, rue Wellington
Ottawa (Ontario) K1A OH8
Tél. : (613) 941-3586
Fax : (613) 941-1991
e-mail:
jeannette.ackroyd@justice.x400.gc.ca
ou james.hayes@justice.X400.gc.ca

Monsieur Alex Butchart
UNISA Health Psychology Unit
E-mail: psych@icon.co.za
Tel: 27 11 857-1142
Fax : 27-11-857-2330
E-Mail : psych@icon.co.za
ou health@risc6.unisa.ac.za
c/o : Ms. Nzwakie Motingoe

Madame Chantale Breton
DRSP de Montréal-Centre
4835, Christophe-Colomb
Montréal (Québec)
H2J 3G8
Tél. : (514) 528-2358
Fax : (514) 528-2512 ou 528-2598
E-Mail : 104360.1426@compuserve.com

Docteur Antoine Chapdelaine
Centre de santé publique de Québec
2400, d'Estimauville
Beauport (Québec)
G1E 7G9
Tél. : 418- 666-7000 poste 467
Fax : 418-666-2776
E-mail : AChapdelaine@cspq.qc.ca

Professor Wendy Cukier
Administration and Information management
Ryerson polytechnic University
350, Victoria Street
Toronto (Ontario)M5B 2K3
ou 37, Jerome Street,
Toronto (Ontario) M6P 1H8
Tél. : 416-766-4804
Fax : 416-604-0209
E-mail : 71417.763@compuserve.com

Madame Priscilla de Villiers
Présidente de CAVEAT (Canadians against violence everywhere advocating its termination)
suite 3-164
3350, Fairview Street
Burlington (Ontario) L7N 3L5
Fax : 905-632-3039 Tél. 905-632-1733
cellulaire : 905-719-8308
e-mail :info@caveat.org

Madame Güler Gürsu
Head of Department
Department of Plastic and Reconstructive Surgery
Hacettepe University Medical School
Ankara , TURKEY
Tél. : 90-312-310-98-08 ou 90-312-311-93-93
Mobile phone : 0532/235 5826
Fax : 90-312-309-04-45
Has no e-mail address.

Madame Margaret Herbert
Bureau of reproductive and Child Health
Room 16, 1st Floor
LCDC Building 060 1E2
Tunney's Pasture Ottawa (Ontario)K1A OL2
Tél. :(613) 952-2217
Fax : (613) 941-9927
E-Mail : margaret_herbert@inet.hwc.ca
ou CATHERINE_MCCOURT@INET.HWC.CA

Monsieur Emile LeBrun
Handgun Epidemic Lowering Plan (HELP) Network
Violent Injury Prevention Center
Children's Memorial Medical Center
2300 Children's Plaza, #88
Chicago, Illinois 60614
Tél. : 773-880-8120
Fax : 773-880-6615
e-mail: e-lebrun@nwu.edu
http://www.childmmc.edu/help/helphome.htm

Monsieur Ronald Lett
Injury Control Centre
Kampala/Canadian
Network for International Surgery
E-mail: lett@unbc.ca

Docteur Pierre Maurice
Centre de santé publique de Québec
2400, d'Estimauville
Beauport (Québec)
G1E 7G9
Tél. : 418- 666-7000 poste 345
Fax : 418-666-2776

E-mail : PMaurice@cspq.qc.ca

Maître Marilou McPhedran
Women's college Hospital
76, Grenville Street
Toronto (Ontario) M5S 1B2
Tél. : (416) 323-6259
ou (416) 967-9485
Fax : (416) 323-7311 ou (416) 967-1932
Fax : (416) 967-9485
E mail : marilou@WWW.apc.org.
E-mail : marilou@WWW.net

Professeur Dinesh Mohan
Centre for Biomedical Engineering
Indian Institute of Technology
New Delhi 110016 India
Tél. : 91-11-685-8703
Fax : 91-11-686-2037
E-Mail : dmohan@cbme.iitd.ernet.in

Docteur Claude Romer
Chef Promotion de la sécurité et prévention des traumatismes
Organisation mondiale de la santé
20, Avenue Appia
CH-1211, Genève 27,
Suisse, C.H.
Tél. : 011-41-22-791-3468
Fax : 011-41-22-791-0746 ou 791-4844
E-mail : romerc@who.ch

Professeur Stephen P. Teret
Johns Hopkins University
Center for Gun Policy and Research
School oF Hygiene and Public Health
Department of Healt Policy and Management
624 N. Broadway
Baltimore, MD 21205-1996
Tél. : (410) 955-3995
Fax : (140) 614-9055
E-Mail: steret@jhsph.edu

Madame Joanne Vincenten
Director Safe Kids
Director of Injury Prevention and Awareness Centre
EDC 4100, University of Alberta Hospitals
8440- 112 Street
Edmonton (Alberta)
T6G 2V2
Tél. : 403-492-7775
Fax : 403-492-3535
E-mail : jvincenten@uah.ualberta.ca